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CHALLENGE TB



Challenge TB – Global Fund Hub

Year 2

Annual Report

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List of Abbreviations and Acronyms

CCM	Country Coordinating Mechanism
CTB	Challenge TB
GF	Global Fund
FPM	Fund Portfolio Manager
KNCV	KNCV Tuberculosis Foundation
NSP	National Strategic Plan
NTP	National TB Program
NTBLCP	Nigerian TB and Leprosy Control Program
PMU	Project Management Unit
PR	Principal recipient
SR	Sub recipient
STTA	Short Term Technical Assistance
TA	Technical Assistance
USAID	United States Agency for International Development
Xpert	GeneXpert® MTB/RI

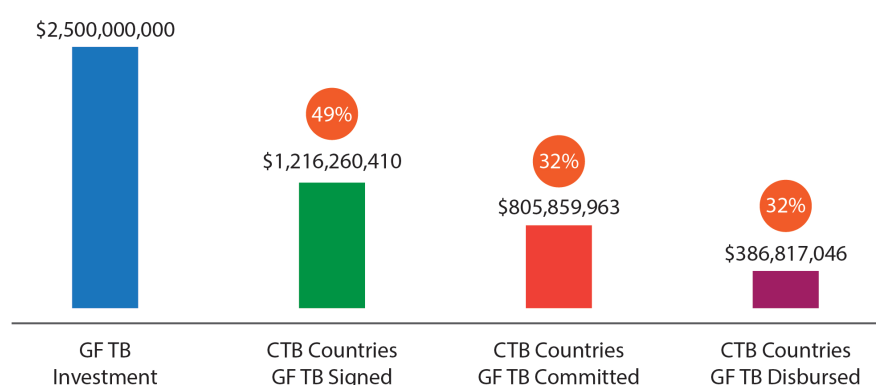
1. Executive Summary

Establishing the Global Fund (GF) Hub was the focus of Year 2. In March, 2016 the GF Hub was officially established with the recruitment of a GF Officer, Sara Massaut, who is based within the Challenge TB Project Management Unit (PMU). The primary role of the GF Hub and GF Officer is to ensure that CTB contributes to the success of GF grants in CTB countries (from grant making through implementation).

Through a general mapping exercise, CTB now has an overall picture of grant performance in the 21 countries where it operates. At the end of Year 2, there were 35 signed grants in the 21 CTB countries with a majority ending in December 2017. The full TB allocation of USD 2.5 billion GF has been signed into grants, of which USD 1.2 billion is in CTB countries. As Figure 1 shows below, within CTB countries only 32% of the GF TB grant signed amounts are disbursed to the country level. With December 2017 in view, absorption is a major concern. Of the three disease portfolios, TB is facing the most challenges and in the next 15 months it is estimated that approximately USD 750-900 million will need to be spent to close the current gap.

Figure 1: GF TB Investment in CTB countries

In most of the 35 grants in CTB countries, disbursement of funds runs from 48% of the signed amount down to 3%. Many grants have experienced start-up challenges due to long grant negotiations, delayed disbursement of funds, setting up new teams to manage grants at Principal Recipients (PRs) and delayed approvals of first annual work plans. Furthermore, cumbersome administrative processes at the country level to approve activities, to disburse funding from National to Provincial levels, and to report create additional bottlenecks.



Coordination between CTB and GF at the country level is good but there is some room for improvement. Based on the results from a simple survey among CTB countries, the GF Hub found that only half (50%) of CTB countries reported that they receive a copy of the GF grant annual work plan. Several reasons for not sharing include, not being a member of the Country Coordinating Mechanism (CCM), not having PR or sub-recipient (SR) status or just simple reluctance to openly share plans.

However, over the last year CTB has shown to be effective in several countries to significantly support GF implementation and in particular to increase spending and accelerate implementation for results. For example, CTB is playing a pivotal role in accelerating GeneXpert implementation and PMDT scale up in Indonesia, maintaining a joint GF/USAID coordinating mechanism in Nigeria and supporting Burma to again develop the first Concept Note for a funding request for the next GF funding cycle.

In addition to continuous monitoring of GF implementation status in CTB countries, the GF Hub is focused on getting CTB countries ready for the new funding cycle that will start in 2017. A key operational component within the new strategy is "differentiation", which will be applied to the management of GF grants and application processes. The premise behind differentiation is based on lessons learned from the current funding cycle. There was an outspoken need to simplify processes while understanding that one size does not fit all. The approach to manage grants and the application process will be based on the country portfolio categorizations. The GF Hub is taking an active approach to keep CTB countries informed of these changes and what they mean in terms of developing new concept notes and managing grants in the new funding cycle.

Although countries will need to wait for the Allocation letters from GF to know which application modality will be recommended, during Year 2 the GF Hub already started taking steps to jump start planning and better understand the potential STTA needs at country level for concept development. All CTB countries are mapped and country teams have initiated discussions with their NTP counterparts to start planning for concept note development.

2. Introduction

In March, 2016 the Global Fund (GF) Hub was officially established with the recruitment of a GF Officer, Sara Massaut, who is based within KNCV Tuberculosis Foundation in the Project Management Unit (PMU). The primary role of the GF Hub and GF Officer is to ensure that CTB contributes to the success of GF grants in CTB countries (from grant making till implementation). To accomplish this the GF Officer works closely with several stakeholders including USAID Washington, CTB country teams (HQ to Country staff), the USAID GF Advisors in-country, National TB Control Programs (NTPs), Principal Recipients (PRs), Fund Portfolio Managers (FPMs) and other local stakeholders, if necessary.

Specific activities agreed with USAID for year two include:

- Monitor GF performance in all CTB countries and maintain regular communication with CTB country offices regarding GF issues, also with a focus on knowledge exchange.
- Identify bottlenecks and "local" solutions to improve GF grant implementation with CTB support for.
- Where necessary, coordinate appropriate STTA cycle (from TOR setting through quality delivery) to support GF implementation.
- Monitor and facilitate STTA planning in CTB countries for the concept note development process of the new GF funding cycle that will start up in 2017.

3. GF Hub activities

3.1 Global monitoring of GF performance – CTB country status

A general mapping exercise was started in March, 2016. The results provide CTB with a general picture of grant performance. The main variables used in the mapping exercise include the GF grant timelines, signed funding amounts, committed funding amounts, disbursed funding amounts and grant ratings. These variables are also used by GF to monitor grant performance in general.

Table 1: GF grant status in CTB Countries

At the end of year 2, there were 35 signed grants in the 21 CTB countries compared to 33 grants as reported in quarter three (Table 1). A handful of grants were early applicants and able to start up in late 2013 or in 2014 (Afghanistan, Cambodia, Myanmar, Ukraine and Zimbabwe). Three grants were recently signed in March and July 2016 and will have end dates in 2018 (Botswana, Uzbekistan and Tajikistan). Namibia received an approval for their reprogramming request and the end date of their current grant is December 2017. Most of the 35 grants (29—83%) will end by December 2017, having signed in July 2015 this means that many grants will not have the full three years of implementation.

As can be seen in table 1 to the right, the average performance ratings of GF grants in CTB countries range from B1 to A1, which is good, but most current grants have not yet been rated. With December 2017 in view, absorption is a major concern. Of the three disease portfolio's, TB is facing the most challenges and in the next 15 months it is estimated that approximately USD 750 million will need to be spent to close the current gap.

Within CTB countries, this trend is also evident (see table 1). GF measures absorption by comparing the signed amount with how much has been disbursed to countries. In most of the 35 grants in CTB countries disbursement of funds runs from 48% of the signed amount down to 3%. In only 6 grants is the level of disbursement at 50% and higher with only one, Burma, at 93%. Many grants have experienced start-up challenges due to long grant negotiations, delayed disbursement of funds, setting up new teams to manage grants at PRs and delayed approvals of first annual work plans. Furthermore, cumbersome administrative

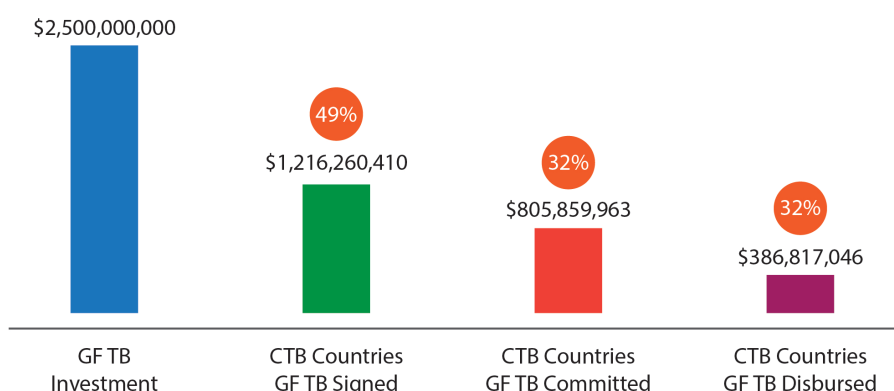
GF TB grants in CTB Countries	% signed amount disbursed	% of committed amount disbursed	Grant Rating
Afghanistan	46%	66%	B1
Afghanistan	53%	88%	B1
Bangladesh	43%	98%	A1
Bangladesh	42%	75%	A2
Botswana	18%	33%	N/A
Botswana	7%	8%	N/A
Burma	26%	50%	A1
Burma	93%	93%	A2
Cambodia	42%	82%	B1
DRC	45%	93%	N/A
DRC	51%	76%	N/A
Ethiopia	26%	60%	N/A
India	26%	29%	A2
India	33%	47%	B1
India	37%	52%	A1
Indonesia	27%	55%	N/A
Indonesia	20%	37%	A2
Kyrgyzstan	20%	20%	N/A
Malawi	25%	58%	N/A
Malawi	16%	32%	N/A
Mozambique	17%	27%	B2
Mozambique	36%	56%	C
Namibia	48%	100%	B1
Nigeria	16%	29%	N/A
Nigeria	7%	10%	N/A
South Sudan	44%	77%	A2
Tajikistan	7%	12%	N/A
Tajikistan	3%	4%	N/A
Tanzania	26%	45%	N/A
Tanzania	10%	16%	N/A
Ukraine	63%	72%	B1
Ukraine	70%	78%	A1
Ukraine	61%	74%	B1
Uzbekistan	5%	9%	N/A
Vietnam	34%	90%	N/A
Zimbabwe	30%	54%	A2

processes at the country level to approve activities, disburse funding from National to Provincial levels and reporting create additional bottlenecks.

Coordination between CTB and GF at the country level is good but there is some room for improvement. A similar challenge across several countries is coordination during work plan development when GF operational plans are not openly shared. A simple survey was taken among CTB countries—21 in total—to find out if GF grant annual workplans are openly shared. Only half (50%) of CTB countries reported that they receive a copy of the GF grant annual work plan. Several reasons for not sharing include, not being a member of the CCM, not having PR or SR status or just simple reluctance to openly share plans.

As a TA-based project, CTB is in a good position to offer technical expertise in support of GF activities. In order to offer TA in the most effective way possible, transparency of planned is needed to identify gaps before they become a crisis. The Global Fund is meant to cover the “hardware” of National TB programs (NTP)—TB medicines, lab equipment, supplies and trainings and CTB covers the “software”—technical assistance (TA) and emergency services. Thus, each of these programs have clear roles in how they support NTPs and how they can best complement each other. This relationship can also be clearly seen in financial terms, as about 50%¹ of the GF investment in TB is within CTB countries. As can be seen in Figure 3 below, the full TB allocation of USD 2.5 billion GF has been signed into grants of which USD 1.2 billion is in CTB countries. GF and CTB are the major partners for NTPs in most countries and thus need to work together for successful implementation towards results and ending TB.

Figure 1 GF TB investment in CTB countries



Over the last year, CTB has shown to be effective in several countries to significantly support GF implementation and to increase spending and accelerate implementation for results.

For example, Indonesia has seen an increase of spending since April of this year when the amount disbursed was only at 7% for both grants compared to the current level of 27% for the grant with MOH as PR and 20% for the grant with AISIYIYA as PR. While there remains room for improvement in Indonesia, CTB has worked very closely with both PRs, NTP and the respective GF FPM to accelerate implementation and increase spending. Actions focused on procurement and installation of GeneXpert (Xpert) machines including training for laboratory technicians. By the end of year 2, 82 machines were installed in 32 provinces. The National Xpert algorithm was also adapted to allow “Xpert testing for all”. CTB support has also been critical for the decentralization of Drug Resistant TB (DR TB) services with 7 new sites opened in year 2 and the introduction of shorter regimens for patients.

The coordinating mechanism that was established early 2016 in Nigeria through a joint effort of USAID and GF has shown clear improvements in coordination with partners, and more importantly NTPLCP. Quarterly PR/SR meetings occur as planned and have enabled key partners to discuss overall performance and agree on their roles in complementing efforts of Nigerian TB and Leprosy Control Program (NTBLCP). Areas of focus included active case finding activities, drug and logistics management, laboratory networks, DR-TB enrolment and quality of supervision at all levels. Furthermore, CTB has played an important role in supporting NTBLCP and the GF PR with the quarterly data review, as well as harmonization and validation workshops after quarterly review meetings. Specifically, these meetings have enabled the case notification data (M&E) to be reviewed alongside the drug consumption data and harmonized. Gaps were also identified and resolved with appropriate recommendations for improving

¹ In Q3 it was reported that the GF TB investment in CTB countries was 70%. Since Q3, the full GF TB allocation (USD 2.5 billion) has been signed into grants and corrections have been made to the signed grant amounts in several countries, namely Kyrgyzstan, Malawi, Nigeria, Tajikistan and Uzbekistan.

data quality in the country. At the state level, CTB provided TA for partners' forum meetings in all the 12 states to ensure effective coordination of resources and effective implementation of activities.

CTB played a pivotal role in supporting the development of the NSP 2016-2020 and Global Fund Concept Note 2017-2020 application. Both tasks were the NTP's top priorities during the first half of year 2. In addition to providing external consultants to work on both the NSP and Concept Note in close collaboration with WHO and NTP, CTB country staff made significant contributions to finalizing the NSP narrative and realigning the budgets of the NSP and GF Concept Note. The NSP was endorsed by the NTP and the Concept note was submitted on June 17. Currently, Burma is undergoing grant negotiations but as with current funding cycle it is expected to be the first country to implement activities in the new funding cycle.

3.2 GF Hub year 2 activities:

In addition to continuous monitoring of GF implementation status in CTB countries, the GF Officer is focused on getting CTB countries ready for the new funding cycle that will start in 2017. The GF Officer also conducted two country visits in Nigeria and Tanzania. Furthermore, the GF Hub supported several other activities and TA visits. Below further description of these activities.

3.2.1 The new GF funding cycle—getting CTB ready

Understanding the new funding cycle:

To ensure that all CTB countries are ready for the upcoming application process, the GF Officer actively participated in several meetings organized by GF and technical partners to present and discuss various elements of the differentiation approach process and draft application materials.

In April 2016, the Global Fund adopted a new strategy -- Investing to End Epidemics (2017-2022). The strategy is built on four objectives:

1. Maximize impact against HIV, TB and malaria
2. Build Resilient and Sustainable Systems for Health
3. Promote and Protect Human Rights and Gender Equality
4. Mobilize Increased Resources

A key operational component within the new strategy is "differentiation", which will be applied to the management of GF grants and application processes. The premise behind differentiation is based on lessons learned from the current funding cycle. There was an outspoken need to simplify processes while understanding that one size does not fit all. The approach to manage grants and the application process will be based on the country portfolio categorizations. CTB countries can be found below in table 1. In the end, the GF is aiming at less time focused on application and more focus on actual implementation

Table 2: GF Country Portfolio Categories

Portfolio Category	High Impact	Core	Focus
Category description	Greatest burden, highest impact/risk and very large allocation greater than \$400 million	High disease burden, high impact/risk and large allocation between \$75-400 million	Lower disease burden, lower impact/risk and low allocation under \$75 million
CTB countries	Bangladesh, Cambodia, DRC, Ethiopia, India, Indonesia, Malawi, Mozambique, Myanmar, Nigeria, Tanzania, Vietnam and Zimbabwe	Afghanistan and Namibia	Botswana, Kyrgyzstan, South Sudan, Tajikistan, Ukraine, Uzbekistan
GF application	Full review expected	Tailored review expected	Fast track—Tailored and Program Continuation reviews expected
GF management	Significant GF involvement and heavy management	Medium GF involvement and management	Light GF involvement and management

Based on the differentiation approach, the new funding cycle will be rolled out as follows:

1. Allocation letters will be sent to countries on 15 December, 2016 The letters will contain information on: 1) full funding allocation, 2) review modality (full, tailored or program continuation), 3)

requirements for co-financing and 4) catalytic² funding availability (based on country and regional contexts)

2. Countries **will not** be encouraged to apply for extensions of current grants. The current funding cycle is time bound and not funding bound. This means that if your grant is slated to end in December 2017, it will end on this timeline and no funds will be accessible beyond this end date. If an extension is requested and granted it will automatically decrease the time period and allocation of the new grant. For example, if a grant is extended for 6 months, the money will come from the new allocation and the next grant period will be for 2.5 years.
3. All grants in CTB countries categorized as high impact will end in December 2017. This means that to enable a smooth transition to the new grant period starting in 2018, these countries will need to apply in 2017. There are two windows that allow countries to undergo the entire application process to grant signing by December 2017—23 March and 23 May.
4. There will be three types of application/review modalities within which countries can request allocated funding.
 - **Program continuation:** Meant for country grants with no material change and for components that have been TRP reviewed under the current cycle. It will be a continuation of the current program and will not entail TRP review of a funding request.
 - **Tailored review:** The tailored reviews will have application templates for four different types of tailored reviews:
 - a. *Challenging operating environments (COEs):* GF defines COEs as countries or regions characterized by weak governance, poor access to health services, and man-made or natural crises.
 - b. *Countries in transition:* Disease components receiving their last allocation (transition funding) plus those projected to transition to high income. The application should be based on a "Transition Readiness Assessment" (or equivalent), Transition Strategy, and NSP including a workplan that outlines the transition process and activities at the country level.
 - c. *Material reprogramming:* Country components requiring material change in defined programmatic area.
 - d. *NSP-based funding requests:* The NSP based funding requests will be done on a pilot basis. A small group of countries will be invited to participate based on presumed "robust" or strong NSPs. GF expects that up to 20 countries would be eligible.
 - **Full review:** Is meant for high impact countries and some core/focus countries referred for a full review within the allocation letter, such as countries that did not go through a TRP review during the current funding cycle (NFM). The full review is a comprehensive overall review of the investment approach and strategic priorities. It is the most similar to the concept note process in the current allocation but simpler based on lessons learned from past experiences.

Planning for the new funding cycle:

The GF Hub will support the STTA needs in all CTB countries for concept note development for the new funding cycle, which will get started during APA3. Although countries will need to wait for the Allocation letters from GF to know which review modality will be recommended, during year 2, the GF Hub has already started to taking steps to jump start planning and better understand the potential STTA needs at country level for concept development. All CTB countries are mapped, see table 3 below, looking at the major variables linked to concept note development based on the NFM cycle--current GF grant dates, status of National Strategic Plans, epi assessments, program reviews and expected review modalities and concept note submission windows.

² Catalytic funding will be conditional to fund activities in line with specific Global Fund strategic priorities.

Table 3: CTB country potential STTA needs for CN development

Country	Lead Partner	NSP	Epi assessment (most recent completed)	Epi assessment (new funding cycle)	Prevalence Survey	Program Review (most recent completed)	Program review (new funding cycle)	Current grant end date	Expected submission window	New funding cycle assumed review modality
Afghanistan	MSH	2014-2018	Feb-14	Will be done in 2018 with support from CTB country team		2016?		31/Dec/17	23/May/17	COE
Bangladesh	MSH	2015-2020	November 2016 Jens Levy KNCV (planned)	yes, planned Nov 2016	Results November 2016	"April 2014 November 2016 (planned)"	November/December 2016 planned	31/Dec/17	30/Mar/17	program continuation
Botswana	KNCV	2015-2017	2014	not yet planned	TB/HIV 2017 (planned)	2009	April/May 2017	31/Dec/18		tailored review
Cambodia	FHI 360	2014-2020	September 2016 Dr. Yamada	done	2011	Aug-12	no	31/Dec/17	23/May/17	full review
DRC	The Union	2015-2020	Nov-13			Jun-13	24 Nov-10 Dec 2016	31/Dec/17	23/May/17	full review
Ethiopia	KNCV	2013-2020	Jul-13	yes, CTB country team	2010	Aug-13	mid term evaluation in planning for January 2017	31/Dec/17	23/May/17	full review
India	The Union	2012-2017	Jan-15		2017	Apr-15		31/Dec/17	23/May/17	full review
Indonesia	KNCV	2015-2020	Feb-13	yes, KNCV	2014	"Feb 2013 Jan 2017 (planned)"	Full review in January 2017--partial CTB support	31/Dec/17	23/May/17	full review
Kyrgyzstan	KNCV	2015-2020	Jun-14			Jun-14		31/Dec/17	23/May/17	tailored review
Malawi	KNCV	2014-2018	Aug-14	yes, KNCV?	2015			31/Dec/17	23/May/17	full review
Mozambique	FHI 360	2016-2020	Apr-14	yes, KNCV	2017		mini review in planning	31/Dec/17	23/May/17	full review
Myanmar	FHI 360	2016-2021	Oct-14		2010	Sep-14		31/Dec/16	30/Jun/16	done
Namibia	KNCV		Jul-16	done		Jul-16	done	31/Dec/17	23/May/17	full review
Nigeria	KNCV	2015-2020	Feb-14	yes, KNCV	2013	Apr-13	mid term evaluation early 2017	31/Dec/17	23/May/17	full review/COE
South Sudan	MSH	2015-2019	Dec-13			Desk review 2014		31/Dec/17	23/May/17	COE
Tajikistan	KNCV	2015-2019	2013			Jul-13		31/May/18		tailored review
Tanzania	KNCV	2015-2020	Feb-14	yes, KNCV	2012	2014		31/Dec/17	23/May/17	full review
Ukraine	PATH	2015-2020	Jan-15	done		Oct-14		31/Dec/17	23/May/17	tailored review
Uzbekistan	WHO	2016-2020	May-14			May-14		31/Jul/18		tailored review
Vietnam	KNCV	2016-2020	Jan-13	yes, KNCV	2017 (planned)	2015		31/Dec/17	23/May/17	full review
Zambia	FHI 360	2015-2020	Mar-14	yes		Nov-16	done	31/Dec/17	23/May/17	full review
Zimbabwe	The Union	2015-2017	Jul-16	done	2015 and report 2016	Jul-16	done	31/Dec/17	23/May/17	full review

In addition, as part of the year three planning cycle, CTB country teams have initiated discussions with their NTP counterparts to identify TA needs and develop mini workplans to access core GF Hub financial support. It is expected that the mini workplans will be finalized and executed in Q1 and Q2 of year three with most GF concept notes and funding requests submitted by May 2017.

3.2.2 Monitoring GF performance--Country focus (Nigeria and Tanzania):

In order to become better acquainted with issues on the ground, the GF Officer visited two countries in APA2. A first country visit to Nigeria was conducted from 14-17 March, 2016 in conjunction with a visit of the USAID Backstop, Amy Piatek. The main purpose of the visit was to become more familiar with the situation on the ground regarding the current GF grant and coordination with CTB. In addition, introductions were made to the GF Advisor and USAID Mission. By the end of the visit it was agreed that the GF Officer will focus on monitoring and documenting the coordinating mechanism recently established through a joint initiative of USAID and Global Fund. However, due to sensitivities at the country level with sharing GF related information it was agreed with the country team that information provided in their quarterly management reports would be sufficient for the time being.

A second country visit was conducted from 26 June to 1 July, 2016 to Tanzania together with the USAID backstop, Edmund Rutta. The main purpose of the trip was to join the first week of APA 3 work planning to review progress of CTB project implementation in Tanzania with a special focus on support for Global Fund (GF) implementation, as well as to become more familiar with GF issues on the ground. Based on this trip the GF Officer actively participated in the development of the APA3 workplan to help focus planned activities to support GF priorities in country and implementation of the current grant. Furthermore, discussions were initiated with NTP regarding establishment of a formal coordination mechanism. By the end of APA2, more meetings were conducted between NTP and stakeholders to discuss progress and challenges. To date no formal mechanism is yet established although it is included in the APA3 country workplan.

3.2.3 Additional GF Hub support activities:

One STTA was supported for Namibia in November 2015. The consultant worked 11 days in-country to assist the Namibia CCM with finalizing its reprogramming application for the Global Fund. The proposal was approved in June 2016 and the new end date for the current grant is December 2018.

The GF Hub supported five Country Directors and five Monitoring and Evaluation Officers from Ethiopia, Malawi, Nigeria, Tanzania and Zimbabwe to attend a GF/WHO regional consultation meeting to support country implementation of the top ten indicators to monitor the End TB Strategy, collaborative TB/HIV activities and programmatic management of latent TB infection. The meeting was held in Nairobi, Kenya from 20-22 September 2016.

The GF Hub supported the acting Country Director and Deputy Director of CTB South Sudan to attend a GF South Sudan joint partners meeting in Nairobi, Kenya, from September 26-30, 2016. The meeting was attended by representatives from the President's Emergency Plan for AIDS Relief (PEPFAR), USAID, the US Centers for Disease Control and Prevention (CDC), the US Department of Defense (DOD), World Bank, Department for International Development (DFID), UNAIDS, the World Health Organization (WHO) (HQ, Africa Regional Office, inter-country support team [IST]/Education Sector Analysis [ESA], and South Sudan), Roll Back Malaria (RBM), African Leaders Malaria Alliance (ALMA), United Nations Refugee Agency (UNHCR), CTB South Sudan, World Food Program (WFP), and the Global Fund Secretariat. The main purpose of the meeting was to start preparations of a reprogramming plan to ensure the provision of continued support to the programs in South Sudan funded by the Global Fund. A detailed action list was agreed to by all parties at the meeting, which also includes a joint mission to South Sudan. The reprogramming plan is expected to be submitted by early December, 2016.

4. Key Challenges and Actions to Overcome Them

Challenge	Actions to overcome challenges
Technical	
Level of engagement Country Directors with GF PRs varies. While CTB is designed to support GF implementation, GF workplans are not always openly shared making coordination and good planning sometimes difficult. Only 50% of CTB countries have access to GF annual work plans	Establishing formal coordination mechanisms such as in Nigeria are very helpful in improving coordination with GF. However, this step should be taken in close collaboration with key stakeholders like NTP, USAID and ideally GF as well.

5. Challenge TB-supported international visits (technical and management related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q 4					
1	KNCV	Dr. Frank Mugabe (NTP Manager Uganda)	x				GF Achievements at The Union Conference in Cape Town	Complete	2-5 December 2015	4	
2	KNCV	Dr. Stavia Turyahabwe (MDR-TB focal point Uganda)	x				GF Achievements at The Union Conference in Cape Town	Complete	2-5 December 2015	4	
3	KNCV	Dr. Martin Matu (ECSA Arusha)	x				GF Achievements at The Union Conference in Cape Town	Complete	2-5 December 2015	4	
4	KNCV	Dr. Remi Verduin	x				Assist Namibia CCM in development of HIV-TB Reprogramming Application Request to GFATM Country Team	Complete	1-12 November 2015	11	
5	KNCV	Sara Massaut		X			Meetings with USAID	Complete	8-12 February 2016	5	
6	KNCV	Sara Massaut		X			Become more familiar with GF issues on the ground to develop a specific scope of work for support to Nigeria.	Complete	14-17 March 2016	4	
7	KNCV	Sara Massaut			X		Meetings with USAID	Complete	25-29 April 2016	5	
8	KNCV	Sara Massaut			X		WHO GF Workshop Maputo Mozambique	Cancelled	16-20 May 2016	5	
9	KNCV	Sara Massaut			X		Tanzania APA3 and GF	Complete	27 June to 1 July 2016	5	
10	KNCV	Sara Massaut				x	Meetings with USAID	Complete	18-22 July 2016	5	
Total number of visits conducted (cumulative for fiscal year)								10			
Total number of visits planned in approved work plan								22 (18 approved for GF Officer covering two-year period and 4 approved in Q1 of APA 2 prior to GF Hub workplan approval)			
Percent of planned international consultant visits conducted								45%			